



NEVADA TRANSPORTATION AUTHORITY

COMPLAINT FORM

INSTRUCTIONS: Please type or print your complaint in ink and complete the form fully. Mail or hand deliver the original complaint to either of our offices. Upon receipt of your complaint, a member of our staff will review your complaint. This process can be lengthy depending upon the circumstances and the information you are able to provide with your complaint.

THE NEVADA TRANSPORTATION AUTHORITY WILL NOT PROCESS ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS

- NON-CONSENSUAL TOW COMPLAINTS: COMPLETE SECTIONS 1, 2, & 5
- HOUSEHOLD GOODS MOVER COMPLAINTS: COMPLETE SECTIONS 1, 3, & 5
- LIMOUSINES/BUS/SHUTTLE/TAXI COMPLAINTS: COMPLETE SECTIONS 1, 4, & 5

NEVADA TRANSPORTATION AUTHORITY COMPLAINT FORM

SECTION 1.

ALL COMPLAINTS

COMPLAINANT INFORMATION

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

CELL PHONE: _____

ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

OFFICIAL USE ONLY ---- DO NOT WRITE IN THIS BOX

Processing Date: _____

I#: _____

Assignment: _____

Status: _____

Company: _____

Contact Date: _____

Notes:

SECTION 2.

NON-CONSENSUAL TOW COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

VEHICLE DESCRIPTION

REGISTERED OWNER: _____

YEAR, MAKE & MODEL: _____

LICENSE PLATE #, STATE REGISTERED & VIN: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

NAME OF TOW TRUCK DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 3.

HOUSEHOLD GOODS MOVER COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

MOVE START ADDRESS: _____

MOVE ENDING ADDRESS: _____

NAME OF TRUCK DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 4.

LIMOUSINE/BUS/SHUTTLE/TAXI COMPLAINTS

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP: _____

COMPANY'S PHONE: _____

COMPANY WEBSITE (if available): _____

PERSON(S) CONTACTED AT ABOVE COMPANY: _____

DATE, TIME & LOCATION OF OCCURRENCE: _____

TRIP START ADDRESS: _____

TRIP ENDING ADDRESS: _____

NAME OF DRIVER: _____

PAYMENTS MADE TO THE COMPANY: _____

INVOICE/RECEIPT NUMBER: _____

SECTION 5.

ALL COMPLAINTS

DETAILS OF COMPLAINT

- PLEASE PROVIDE A DETAILED STATEMENT REGARDING YOUR COMPLAINT.
- DO NOT OMIT ANY FACTS AS ALL INFORMATION MAY BE RELEVANT TO OUR INVESTIGATION.
- ATTACH ANY DOCUMENTATION WHICH MAY SUPPORT YOUR CLAIM (PHOTOS, INVOICES, ETC.).
- USE ADDITIONAL PAGES IF NEEDED.

[illegible]

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA TRANSPORTATION AUTHORITY
PHONE 702-486-3303
www.nta.nv.gov

MAIL OR HAND DELIVER COMPLETED COMPLAINT FORM TO:

NEVADA TRANSPORTATION AUTHORITY
2290 S JONES BLVD,
SUITE 110
LAS VEGAS, NV 89146

OR

NEVADA TRANSPORTATION AUTHORITY
1755 E PLUMB LANE
SUITE 216
RENO, NV 89502

**THE NEVADA TRANSPORTATION AUTHORITY WILL NOT PROCESS
ANY UNSIGNED, INCOMPLETE OR ILLEGIBLE COMPLAINT FORMS**

I understand that the NTA represents the public by ensuring that businesses licensed by their authority are in compliance with the laws related to NRS 706 and NAC 706. I understand that the information contained in this complaint may be used to establish violations of Nevada law for enforcement actions. I also understand that the NTA will send my complaint and supporting documents to the business identified in this complaint.

I hereby affirm under penalty of perjury that I am an adult, 18 years of age or older, that I have personal knowledge of this matter stated herein, and that the assertions contained in this complaint are true.

Signature

Printed Name (Last, First, MI)

Date